

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number Q78312																		
FY 2009		Confirmation Number 4745																		
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)																				
Application Number	10/736,634																			
Filing Date	December 17, 2003																			
For	COUPLING SELECTION/CONFIGURATION THROUGH SERVICE PARAMETERS																			
Art Unit	2433	Examiner Name William J. GOODCHILD																		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.																				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):																				
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;"><u>Fee</u></th> <th style="width: 40%; text-align: center;"><u>Small Entity Fee</u></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130.00</td> <td style="text-align: center;">\$65.00</td> </tr> <tr> <td><input type="checkbox"/> Two month (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490.00</td> <td style="text-align: center;">\$245.00</td> </tr> <tr> <td><input type="checkbox"/> Three month (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1110.00</td> <td style="text-align: center;">\$555.00</td> </tr> <tr> <td><input type="checkbox"/> Four month (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730.00</td> <td style="text-align: center;">\$865.00</td> </tr> <tr> <td><input type="checkbox"/> Five month (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350.00</td> <td style="text-align: center;">\$1175.00</td> </tr> </tbody> </table>				<u>Fee</u>	<u>Small Entity Fee</u>	<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130.00	\$65.00	<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$490.00	\$245.00	<input type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1110.00	\$555.00	<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1730.00	\$865.00	<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2350.00	\$1175.00
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<input type="checkbox"/> Previous Payment Amount Date Submitted _____																				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27																				
<input type="checkbox"/> A check in the amount of the fee is enclosed.																				
<input checked="" type="checkbox"/> Payment by credit card.																				
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.																				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, except for the Issue Fee and the Publication Fee , or credit any overpayment, to Deposit Account Number 19-4880.																				
I am the <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/></td> <td>applicant/inventor</td> </tr> <tr> <td><input type="checkbox"/></td> <td>assignee of record of the entire interest. See 37 CFR 3.71.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>attorney or agent of record. Registration Number <u>53,825</u></td> </tr> <tr> <td><input type="checkbox"/></td> <td>attorney or agent under 37 CFR 1.34.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Registration number if acting under 37 CFR 1.34</td> </tr> </table>			<input type="checkbox"/>	applicant/inventor	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71.	<input type="checkbox"/>	Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>53,825</u>	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34.	<input type="checkbox"/>	Registration number if acting under 37 CFR 1.34						
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WASHINGTON OFFICE 23373 CUSTOMER NUMBER																				
/ Marina V. Zalevsky / Signature		February 28, 2011 Date																		
Marina V. Zalevsky Typed or printed name		(202) 293-7060 Telephone Number																		
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																				
<input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.																				